CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) SHARON LASCOLA CAMPAR	S-N OFFICE USE ONLY					
Name (2) 2168 WINGATE BEND						
Address (number and street) WELLINGTON, FL 33414	05-17-14P04:14 RCVD					
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): Candidate Office Sought: SCAT & WELL VGTON VILL AGE COONCIDENT OF CONTROL OF COONCIDENT OF COO						
(5) Report	dentifiers					
Cover Period: From 031 071 14 To						
	cial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$	Monetary					
Loans \$, · ·	Transfers to Office Account \$, ,					
Total Monetary \$,, <u>%2</u> · <u>01</u>	Total Monetary \$, 8 , _79661					
In-Kind \$, ,						
	(8) Other Distributions \$, <u>27</u> , <u>270</u> . <u>34</u>					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>36</u> , <u>067</u> . <u>01</u>	\$, <u>36</u> , <u>067</u> . <u>01</u>					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
Certify that I have examined this report and it is true, correct, and complete: (Type name) BARBARA MAGOUSKY (Type name) SHARD LA GOLA						
	Condidate Chairperson (only lot PC alld P11)					
* Bruce Mays W	x Sharat rascola					
I Signature / /	Signature					

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3) Cover Period <u>03 / 07 / 4</u> through <u>06 / 09 / 14</u> (4) Page of							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount		
//	WELLS FARGO SOUTH SHORE WELLINGTON, FL	MISC BANK FEE	MON	ADD	\$0.43		
/ /							
/ /		06-17-14	1P04:14 RC	V D			
/ /							
//							
//							
//							
//							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>5HARON</u>	HASCOLA CA	MPAIGN (2) 1.	D. Number	
(3) Cover Period <u>63</u> /	67114 through	06109114	(4) Page	/ of/_

Full Name Cast, Suffix, First, Middle Sequence Street Address & City, State, Zip Code Type Occupation Type Description Amendment Amount	(5)	(7)		(8)	(9)	(10)	(11)	(12)
(a) Sequence Street Address & Contributor Type Occupation Type Occupation Type Occupation Type Occupation Type Occupation	(5)	(7) Full Name		(0)	(0)	(10)	(,	(-)
Sequence Number Street Address & Contributor Type Contribution Type CHE Amendment Amount CHE Abo \$8.3.D \$8.3.D \$1.1 1.1 1.1		ĺ .						
Number City, State, Zip Code Type Occupation Type Description Amount Amount			Co	ontributor	Contribution	In-kind		,
/ / O6-17-14P04:14 RCVD	Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
/ / O6-17-14P04:14 RCVD	5,21,14	WELLS FARGO JOUTH SHORE			CHE		ADD	\$82.01
	1	FL						
	1 1							
/ / / O6-17-14P04:14 RCVD	1 1	_	:					
/ / / O6-17-14P04:14 RCVD								
	7 7				06-17-14	P04:14 RCV	D	
	1 1							
	1 1							
	1 1							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES